



APPLICATION FOR EXAMINATION
OR RE-EXAMINATION AS A
PRIVATE INVESTIGATOR
CERTIFIED TRAINER

BUSINESS AND PROFESSIONS DIVISION
PRIVATE INVESTIGATORS SECTION
PO BOX 9048
OLYMPIA, WA 98507-9048
(360) 664-6611
FAX (360) 570-7888

Application Requirements

- \$25.00 fee.
- Applicant must be licensed as a private investigator prior to applying to take the certified trainer exam.
- Applicant must provide documentation of 3 years of investigative experience and complete the employment history

Send this application with
your remittance to:
Department of Licensing
PO Box 9048
Olympia, WA 98507-9048

FOR VALIDATION ONLY

Make remittance payable to State Treasurer

Applicant Information Please type or print clearly

Applicant's Name (Last, First, Middle Initial)			
Agency Name		Telephone No. ()	FAX No. ()
Business Address (As Shown on License)			
City	State	Zip Code	County
Home Address (Number, Street, Apartment No.)			
City	State	Zip Code	County
Current License Number (From Bottom of License) Agency -- 299-12 Unarmed -- 299-13 Armed -- 299-14			

Experience you must provide proof of your past employment

Please document your experience beginning with your most recent (or current) position. Acceptable forms of proof include: copies of payroll checkstubs showing company name and pay period, copies of your federal tax return for the period(s) listed, certification from the employer verifying your status and time employed. Verification of license/registration from another state/jurisdiction is acceptable only if that state/jurisdiction has requirements that meet or exceed those required by Washington state. Use the enclosed verification form for out-of-state work history.

Please start with your most recent (or current) position, then work backward. (Add more pages if necessary.)

Type of Experience	From (Mo-Da-Yr)	To (Mo-Da-Yr)
Company Name		
Company Address (Number and Street, City, State, Zip)		
Type of Experience	From (Mo-Da-Yr)	To (Mo-Da-Yr)
Company Name		
Company Address (Number and Street, City, State, Zip)		

Certification

I, _____, certify that the information provided
(Print Name)
in this application is true, complete, and correct to the best of my knowledge. I understand that should I misrepresent or conceal any material fact in my application for certified trainer of a private investigation agency, it constitutes grounds for suspension or denial of my license. I understand the department may conduct a complete background investigation regarding my qualifications as outlined in Chapter RCW 18.165.

X

Signature of Applicant

Date

Exams are administered at Licensing Services Offices around the state. Please select the location you would most like to be scheduled for the exam from the list of locations on page 2.

**UPON FILING, THIS APPLICATION BECOMES A PUBLIC RECORD AND IS
SUBJECT TO PUBLIC DISCLOSURE PROVISIONS PURSUANT TO RCW 42.17**